

Congress of the United States
Washington, DC 20515

October 14, 2016

The Honorable Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Administrator Slavitt,

As Members of Congress concerned with providing quality care for Alzheimer's patients, we are writing to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed updates and changes to the Calendar Year (CY) 2017 Physician Fee Schedule (PFS). Specifically, we are writing to express our strong support for the adoption of a code to provide for the reimbursement of an assessment and care planning session for patients with cognitive impairment, included in the PFS as the proposed code GPPP6.

This Congress, the Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act of 2015 (H.R. 1559) was introduced by Representative Chris Smith (NJ). This bill would require Medicare to cover comprehensive Alzheimer's disease care planning services and has the broad, bipartisan support of 305 Members of Congress. We appreciate that CMS is adopting a benefit similar to that described in HOPE and ask that CMS take into account public comment to ensure it has the intended impact for the over 5 million Americans living with Alzheimer's.

We would also like to call to your attention the public comment provided by the Alzheimer's Association. The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's disease care, support, and research. We ask that given their expertise and commitment to Alzheimer's patients, that CMS give the Association's comment comprehensive, timely and fair consideration.

In the PFS proposal, CMS noted "We intend for GPPP6 to be a temporary code (perhaps for only one-year) and will consider whether to adopt and establish relative value units for the new CPT code under our standard process, presumably for CY 2018." We would like to emphasize the importance of making this benefit permanent and ask that in the final rule CMS clarify that it intends for this benefit to be permanent, whether it be as the G code or as a CPT code. We must ensure that all Alzheimer's patients are able to receive optimal care going forward and we urge CMS to act immediately to ensure that this benefit meets the needs of patients and caregivers permanently.

The PFS also includes a list of service elements proposed as required elements of the GPPP6. Included in that list is “Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks.” We applaud CMS’ inclusion of caregivers as a core part of this code.

According to the Alzheimer’s Association, in 2015, more than 15 million Americans provide over 18 billion hours of unpaid care for people with Alzheimer’s disease and other dementias. These remarkable caregivers shoulder a tremendous responsibility and assume financial and emotional hardship in order to care for their loved ones. Providing sufficient support to caregivers is not only the right thing to do, but will increase their ability to effectively care for their loved one and will have long term financial benefits for CMS.

The Alzheimer’s Disease Supportive Services Program, administered through the Department of Health and Human Services, supports state efforts to expand the availability of community-level supportive services for persons with Alzheimer’s Disease and Related Disorders and their caregivers. The program awarded a grant to the NYU Caregiver Intervention Program, providing spousal caregiver education and support. A randomized control trial of this program found an average savings of \$122,000 in health care costs per dementia patient because this program delays institutionalization by an average of 557 days. Resources such as these don’t just have positive outcomes for patients and caregivers—they pay dividends and we believe that including caregivers in this new benefit can produce cost savings and delay institutionalization as well.

In order for the assessment and care planning session to be of maximum utility, it is essential the session is conducted in a comprehensive and holistic manner. This may require that the assessment involve social workers, occupational therapists, psychologists, pharmacists and other medical providers, in addition to physicians. While some practices that will provide this service are large facilities that use a collaborative care model, some small primary care practices will need to refer patients to other practitioners outside of the practice, who will not be on site. As the Alzheimer’s Association suggested in their public comment, we agree that “Practices that will need to refer to external experts must be aware of appropriate local providers, and CMS should provide guidance on documenting and billing among multiple providers.”

Additionally, we believe that care plans should be individualized, person-centered, and should be able to be updated, as Alzheimer’s is a degenerative disease and a patient’s condition and needs will change over time. In its letter of public comment, the Alzheimer’s Association provides a list of elements that a care plan should have and we support those measures put forward by the Association. Those measures are:

- A diagnosis, information on the disease, its progression, and what to expect;
- Treatment options and information on clinical trials;
- Consideration of any co-morbid conditions and how to manage them;
- How to access information on legal and financial planning, driving and safety issues, long-term care, and palliative and end-of-life care;
- Importance of caregiver respite; and

- Persons or entities that can assist in implementation of the plan. This code will not serve beneficiaries unless the care plans it creates are implemented.

Finally, we ask that CMS implement this code so as to promote uptake by simplifying documentation requirements and making sure the code is flexible and intuitive.

We respectfully request that CMS give this letter, and the public comment of the Alzheimer's Association, its most comprehensive, timely and fair consideration. Thank you for your attention to this matter. Please contact Marisa Kovacs (marisa.kovacs@mail.house.gov) in Representative Smith's office at (202) 225-3765 if your office needs further information to respond to this request.

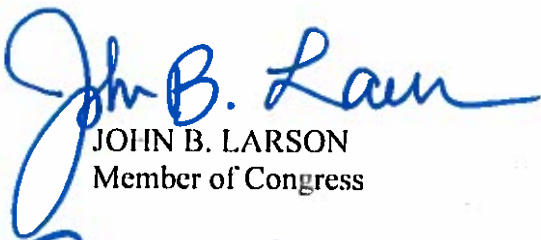
Sincerely,



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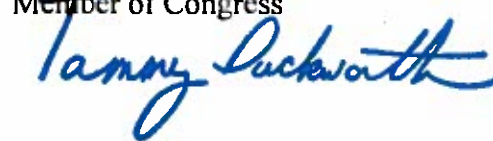

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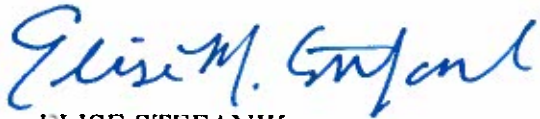

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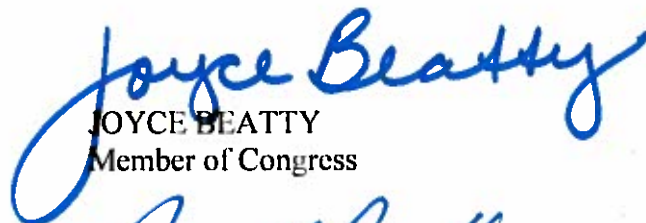
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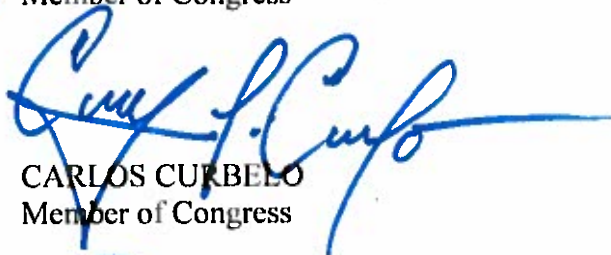
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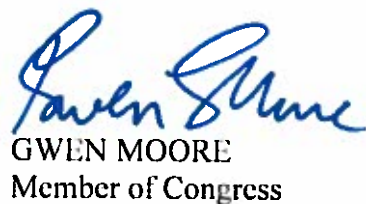
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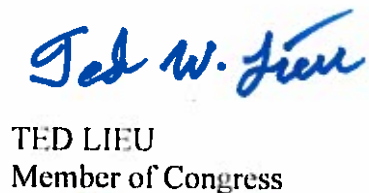
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